

MT LEGISLATIVE HISTORY

Chapter 300 19 83

Bill H 638 S _____

Original bill & hist. ✓ C

H. Committee on Business & Industry

S. Committee on Business & Industry

Hearing Date(s) FEB 14 ✓ C

Hearing Date(s) MAR 10 ✓ C

_____ C

MAR 16 ✓ C

_____ C

_____ C

_____ C

_____ C

Date Out _____ C

MAR 16 ✓ C

Did this bill originate in an interim committee? ____ Yes ____ No

Committee _____

Report _____

HOUSE BILL NO. 638

INTRODUCED BY HANSEN, WALDRON

IN THE HOUSE

February 4, 1983

Introduced and referred to
Committee on Business and
Industry.

February 17, 1983

Committee recommend bill do
pass as amended. Report
adopted.

February 18, 1983

Statement of Intent
attached.

February 19, 1983

Bill printed and placed on
members' desks.

February 21, 1983

Second reading, do pass.

February 22, 1983

Considered correctly
engrossed.

Third reading, passed.
Transmitted to Senate.

IN THE SENATE

March 1, 1983

Introduced and referred to
Committee on Business and
Industry.

March 16, 1983

Committee recommend bill be
concurrent in. Report
adopted.

March 18, 1983

Second reading, concurred
in.

March 21, 1983

Third reading, concurred in.
Ayes, 48; Nays, 0.

IN THE HOUSE

March 21, 1983

Returned to House.

March 22, 1983

Sent to enrolling.

Reported correctly enrolled.

1 House BILL NO. 638
2 INTRODUCED BY Stella Jean Hansen Waldron
3

4 A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT THE
5 INSURANCE COMMISSIONER MAY IMPOSE AN ADMINISTRATIVE PENALTY
6 UPON AN INSURER FOR FAILING TO PROMPTLY PAY CLAIMS;
7 PROVIDING THAT ANY INSURER FAILING TO PAY A CLAIM WITHIN 20
8 WORKING DAYS AFTER RECEIPT OF PROOF OF LOSS SHALL NOTIFY THE
9 INSURED AND ANY ASSIGNEE IN WRITING OF THE REASON FOR
10 FAILING TO MAKE SUCH PAYMENT; PROVIDING FOR THE PROCESSING
11 AND PAYMENT OF CLAIMS BY AN INSURER WITHIN 20 WORKING DAYS
12 AND NO LONGER THAN 30 WORKING DAYS AFTER RECEIPT OF REQUIRED
13 DOCUMENTS OR INFORMATION; PROVIDING THAT INSURERS SHALL PAY
14 THE INSURED INTEREST ON CLAIMS THAT ARE NOT PAID IN A TIMELY
15 MANNER; DEFINING "PROOF OF LOSS" AND "INSURER"; AND
16 ESTABLISHING THE USE OF A UNIFORM BILLING FORM."

17
18 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

19 Section 1. Definitions. In [this act] the following
20 definitions apply:

21 (1) "Insurer" means any insurer as that term is
22 defined by this title, including any fraternal benefit
23 society, hospital service nonprofit corporation, nonprofit
24 medical service corporation, nonprofit health care
25 corporation, health maintenance organization, self-insurer,

1 or third-party administrator or any other public or private,
2 profit or nonprofit, governmental or nongovernmental
3 individual, group, or organization that sells or offers for
4 sale insurance policies, subscriber contracts, certificates,
5 or agreements by which the offerer promises to pay medical
6 benefits in any form in this state.

7 (2) "Proof of loss" means any document accepted by an
8 insurer upon which payment of benefits is made.

9 Section 2. Proof of loss forms -- availability --
10 type. Each insurer shall provide to Montana hospitals an
11 ample supply of the insurer's standard proof of loss form
12 for hospitalization and shall, effective January 1, 1985,
13 adopt and implement the national uniform billing form or its
14 replacement identified as the UB-82 form authorized by the
15 federal office of management and budget and adopted by the
16 federal health care financing administration of the United
17 States department of health and human services.

18 Section 3. Time for payment of claims. (1) All
19 benefits payable by an insurer under a policy, other than
20 benefits for loss of time, are payable immediately upon
21 receipt of proof of loss. If an insurer does not pay the
22 benefits payable under its policy, other than benefits
23 payable for loss of time, upon receipt of proof of loss, the
24 insurer has a maximum of 20 working days after receipt of
25 proof of loss to notify the insured or subscriber and

1 assignee, in writing, stating the reasons for failing to pay
 2 the claim, either in whole or in part. The notification must
 3 include a written itemization of any documents or other
 4 information needed to process the claim or any portions
 5 thereof. When all of the listed documents or other
 6 information needed to process the claim have been received,
 7 the insurer has a maximum of 10 working days to process the
 8 claim and either pay it or deny it, in whole or in part. The
 9 insurer must notify the insured and assignee of the reasons
 10 for denying any claim or any portion of a claim.

11 (2) Subject to proof of loss, all accrued benefits
 12 payable under a policy for loss of time must be paid not
 13 later than the expiration of each 30-day period during the
 14 continuance of the time for which the insurer is liable. Any
 15 balance remaining unpaid at the termination of such time
 16 must be paid immediately upon receipt of such proof.

17 (3) For failure to comply with the requirements of
 18 this section, an insurer must pay interest to the insured or
 19 subscriber at the rate of 18% a year on the benefits due
 20 under the terms of the policy.

21 Section 4. Administrative penalty for failure to pay
 22 promptly. (1) The commissioner may, after a hearing, impose
 23 an administrative fine as set forth in subsection (2) on an
 24 insurer if he finds that the insurer as a general course of
 25 business practice in this state fails to:

1 (a) use due diligence in processing all claims;

2 (b) pay claims in a timely manner;

3 (c) provide proper notice when required with respect
 4 to the reasons for the insurer's failure to make claim
 5 payments when due; or

6 (d) pay, without just cause, proper claims arising
 7 under coverage provided by its policies, whether such claims
 8 are in favor of an insured, in favor of a third person with
 9 respect to the liability of an insured to such third person,
 10 or in favor of any other person entitled to the benefits of
 11 a policy.

12 (2) The administrative penalty imposed for violations
 13 of [this act] may not exceed \$1,000 for each separate
 14 violation.

15 (3) If an insurer can demonstrate that it has
 16 consistently paid 90% of the total amount outstanding in
 17 claims within 20 working days and all of the amount within
 18 30 working days of receipt of claims during the 6-month
 19 period immediately preceding the hearing date, the insurer
 20 is not subject to the fine imposed under subsection (2).

21 Section 5. Codification instruction. This act is
 22 intended to be codified as an integral part of Title 33, and
 23 the provisions of Title 33 apply to this act.

-End-

STATE OF MONTANA

REQUEST NO. 474-83

FISCAL NOTE

Form BD-15

in compliance with a written request received February 17, 1983, there is hereby submitted a Fiscal Note for House Bill 638 pursuant to Title 5, Chapter 4, Part 2 of the Montana Code Annotated (MCA). Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members of the Legislature upon request.

DESCRIPTION OF PROPOSED LEGISLATION:

House Bill 638 would impose investigatory requirements on the Insurance Department to determine if all companies were making their required payments in a timely manner.

ASSUMPTIONS:

- 1) An additional FTE, personal benefits, space, and equipment would be required.

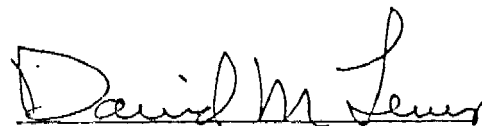
FISCAL IMPACT:

	<u>FY 84</u>	<u>FY 85</u>
Personal Services		
Under Current Law	\$ -0-	\$ -0-
Under Proposed Law	20,471	20,471
Increase	<u>\$ 20,471</u>	<u>\$ 20,471</u>
Operating Expenses		
Under Current Law	\$ -0-	\$ -0-
Under Proposed Law	876	876
Increase	<u>\$ 876</u>	<u>\$ 876</u>
Capital Outlay		
Under Current Law	\$ -0-	\$ -0-
Under Proposed Law	2,400	-0-
Increase	<u>\$ 2,400</u>	<u>\$ -0-</u>
Total Expenditures to General Fund	<u>\$23,747</u>	<u>\$21,347</u>

COMMENTS:

The additional requirements could increase the workload of the entire current staff in addition to necessitating another FTE.

FISCAL NOTE 14:EE/1



BUDGET DIRECTOR

Office of Budget and Program Planning

Date: 2-19-83

1 STATEMENT OF INTENT

2 HOUSE BILL 638

3 House Business and Industry Committee
4

5 A statement of intent is required for [House Bill 638]
6 because it gives rulemaking power to the commissioner of
7 insurance. In section 5, the commissioner is authorized to
8 establish rules to determine if a health or medical insurer
9 is meeting his contractual obligation in a timely manner, to
10 provide for administrative penalties against insurers who
11 fail to fulfill those obligations, and to make the
12 determinations necessary for insured persons whose benefit
13 payments are unnecessarily delayed to be eligible to collect
14 interest on the late payments.

SECOND READING

HB638

Approved by Committee
on Business and Industry

HOUSE BILL NO. 638

INTRODUCED BY HANSEN, WALDRON

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT THE INSURANCE COMMISSIONER MAY IMPOSE AN ADMINISTRATIVE PENALTY UPON AN INSURER FOR FAILING TO PROMPTLY PAY MEDICAL OR HEALTH CLAIMS IN A TIMELY MANNER; PROVIDING THAT ANY INSURER FAILING TO PAY A CLAIM WITHIN 20 WORKING DAYS AFTER RECEIPT OF PROOF OF LOSS SHALL NOTIFY THE INSURED AND ANY ASSIGNEE IN WRITING OF THE REASON FOR FAILING TO MAKE SUCH PAYMENT; PROVIDING FOR THE PROCESSING AND PAYMENT OF CLAIMS BY AN INSURER WITHIN 20 WORKING DAYS AND NO LONGER THAN 30 WORKING DAYS AFTER RECEIPT OF REQUIRED DOCUMENTS OR INFORMATION THE COMMISSIONER MAY INQUIRE INTO THE CAUSE OF CERTAIN LAIE PAYMENTS; PROVIDING THAT INSURERS SHALL PAY THE INSURED INTEREST ON CERTAIN CLAIMS THAT ARE NOT PAID IN A TIMELY MANNER; DEFINING "PROOF OF LOSS" AND "INSURER"; AND ESTABLISHING THE USE OF A UNIFORM BILLING FORM."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Definitions. In [this act] the following definitions apply:

(1) "Insurer" means any insurer as that term is defined by this title, including any fraternal benefit society, hospital service nonprofit corporation, HEALTH

SERVICE CORPORATION, nonprofit medical service corporation, nonprofit health care corporation, health maintenance organization, self-insurer, or third-party administrator or any other public or private, profit or nonprofit, governmental or nongovernmental individual, group, or organization that sells or offers for sale insurance policies, subscriber contracts, certificates, or agreements by which the offerer promises to pay medical benefits in any form in this state.

(2) "Proof of loss" means any document accepted by an insurer upon which payment of benefits is made.

Section 2. Proof of loss forms and availability. Each insurer shall provide to Montana hospitals an ample supply of the insurer's standard proof of loss form for hospitalization and shall, effective January 1, 1985, adopt and implement the national uniform billing form or its replacement identified as the UB-82 form authorized by the federal office of management and budget and adopted by the federal health care financing administration of the United States department of health and human services.

Section 3. Time for payment of claims. If benefits payable by an insurer under a policy, other than benefits for loss of time, are payable immediately upon receipt of proof of loss, if an insurer does not pay the benefits payable under its policy, other than benefits

1 payable for loss of time upon receipt of proof of loss; the
 2 insurer has a maximum of 28 working days after receipt of
 3 proof of loss to notify the insured or subscriber and
 4 assignee in writing stating the reasons for failing to pay
 5 the claim; either in whole or in part; the notification must
 6 include a written itemization of any documents or other
 7 information needed to process the claim or any portions
 8 thereof; when all of the listed documents or other
 9 information needed to process the claim have been received,
 10 the insurer has a maximum of 18 working days to process the
 11 claim and either pay it or deny it in whole or in part; the
 12 insurer must notify the insured and assignee of the reasons
 13 for denying any claim or any portion of a claim;

14 {2} Subject to proof of loss, all accrued benefits
 15 payable under a policy for loss of time must be paid not
 16 later than the expiration of each 38-day period during the
 17 continuance of the time for which the insurer is liable; any
 18 balance remaining unpaid at the termination of such time
 19 must be paid immediately upon receipt of such proof;

20 {3} For failure to comply with the requirements of
 21 this section, an insurer must pay interest to the insured or
 22 subscriber at the rate of 18% a year on the benefits due
 23 under the terms of the policy;

24 THERE IS A NEW MGA SECTION THAT READS:

25 Section 2. Time for payment of claims. (1) If within

1 30 days after receipt of a proof of loss, the insurer has
 2 not paid the claim for benefits provided in the policy or
 3 contract or notified the insured or the insured's assignee
 4 of the reasons for failure to pay the claim in full and has
 5 not requested additional information or documents, the
 6 insured or the assignee may report the delay to the
 7 commissioner, who may then investigate to determine if the
 8 insurer has failed to pay the claim within 30 days of its
 9 receipt without good reason and, if so, whether such delay
 10 is a general course of business practice of the insurer.

11 (2) Upon the commissioner's determination that the
 12 delay is a general course of business practice and for a
 13 year thereafter unless earlier rescinded by the
 14 commissioner, all claims for benefits not paid by that
 15 insurer within 30 working days after receipt by the insurer,
 16 without good reason as determined by the commissioner, shall
 17 obligate the insurer to pay interest at 18% a year from the
 18 date the commissioner determines that the delay became
 19 unreasonable.

20 Section 3. Administrative penalty for failure to pay
 21 promptly. (1) The commissioner may, after a hearing, impose
 22 an administrative fine as set forth in subsection (2) on an
 23 insurer if he finds that the insurer as a general course of
 24 business practice in this state fails to:

25 (a) use due diligence in processing all claims;

1 (b) pay claims in a timely manner;
 2 (c) provide proper notice when required with respect
 3 to the reasons for the insurer's failure to make claim
 4 payments when due; or
 5 (d) pay, without just cause, proper claims arising
 6 under coverage provided by its policies, whether such claims
 7 are in favor of an insured, in favor of a third person with
 8 respect to the liability of an insured to such third person,
 9 or in favor of any other person entitled to the benefits of
 10 a policy.

11 (2) The administrative penalty imposed for violations
 12 of [this act] may not exceed \$1,000 for each separate
 13 violation.

14 (3) If an insurer can demonstrate that it has
 15 consistently paid 90% of the total amount outstanding in
 16 claims within 20 working days and all of the amount within
 17 30 working days of receipt of claims during the 6-month
 18 period immediately preceding the hearing date, the insurer
 19 is not subject to the fine imposed under subsection (2).

20 ~~THERE IS A NEW MCA SECTION THAT READS:~~

21 Section 4. Right of privacy guaranteed. Nothing in
 22 [this act] requires the commissioner to disclose information
 23 in violation of the Insurance Information and Privacy
 24 Protection Act.

25 ~~THERE IS A NEW MCA SECTION THAT READS:~~

1 Section 5. Rulemaking authority. The commissioner
 2 shall make rules, under the Montana Administrative Procedure
 3 Act, necessary to implement [this act].

4 Section 6. Codification instruction. This act is
 5 intended to be codified as an integral part of Title 33, and
 6 the provisions of Title 33 apply to this act.

-End-

1 STATEMENT OF INTENT

2 HOUSE BILL 638

3 House Business and Industry Committee

4

5 A statement of intent is required for [House Bill 638]

6 because it gives rulemaking power to the commissioner of

7 insurance. In section 5, the commissioner is authorized to

8 establish rules to determine if a health or medical insurer

9 is meeting his contractual obligation in a timely manner, to

10 provide for administrative penalties against insurers who

11 fail to fulfill those obligations, and to make the

12 determinations necessary for insured persons whose benefit

13 payments are unnecessarily delayed to be eligible to collect

14 interest on the late payments.

THIRD READING

AB 638

HOUSE BILL NO. 638

INTRODUCED BY HANSEN, WALDRON

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT THE INSURANCE COMMISSIONER MAY IMPOSE AN ADMINISTRATIVE PENALTY UPON AN INSURER FOR FAILING TO PROMPTLY PAY MEDICAL OR HEALTH CLAIMS IN A TIMELY MANNER; PROVIDING THAT ANY INSURER FAILING TO PAY A CLAIM WITHIN 20 WORKING DAYS AFTER RECEIPT OF PROOF OF LOSS SHALL NOTIFY THE INSURED AND ANY ASSIGNEE IN WRITING OF THE REASON FOR FAILING TO MAKE SUCH PAYMENT; PROVIDING FOR THE PROCESSING AND PAYMENT OF CLAIMS BY AN INSURER WITHIN 20 WORKING DAYS AND NO LONGER THAN 30 WORKING DAYS AFTER RECEIPT OF REQUIRED DOCUMENTS OR INFORMATION THE COMMISSIONER MAY INQUIRE INTO THE CAUSE OF CERTAIN LATE PAYMENTS; PROVIDING THAT INSURERS SHALL PAY THE INSURED INTEREST ON CERTAIN CLAIMS THAT ARE NOT PAID IN A TIMELY MANNER; DEFINING "PROOF OF LOSS" AND "INSURER"; AND ESTABLISHING THE USE OF A UNIFORM BILLING FORM."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Definitions. In [this act] the following definitions apply:

(1) "Insurer" means any insurer as that term is defined by this title, including any fraternal benefit society, hospital service nonprofit corporation, HEALTH

SERVICE CORPORATION, nonprofit medical service corporation, nonprofit health care corporation, health maintenance organization, self-insurer, or third-party administrator or any other public or private, profit or nonprofit, governmental or nongovernmental individual, group, or organization that sells or offers for sale insurance policies, subscriber contracts, certificates, or agreements by which the offerer promises to pay medical benefits in any form in this state.

(2) "Proof of loss" means any document accepted by an insurer upon which payment of benefits is made.

Section 2. Proof of loss forms and availability. Each insurer shall provide to Montana hospitals an ample supply of the insurer's standard proof of loss form for hospitalization and shall effective January 1, 1995, adopt and implement the national uniform billing form or its replacement identified as the UB-82 form authorized by the federal office of management and budget and adopted by the federal health care financing administration of the United States department of health and human services.

Section 3. Time for payment of claims. If all benefits payable by an insurer under a policy, other than benefits for loss of time, are payable immediately upon receipt of proof of loss, if an insurer does not pay the benefits payable under its policy other than benefits

1 payable for loss of time upon receipt of proof of loss; the
 2 insurer has a maximum of 20 working days after receipt of
 3 proof of loss to notify the insured or subscriber and
 4 assignee in writing stating the reasons for failing to pay
 5 the claim; either in whole or in part. The notification must
 6 include a written itemization of any documents or other
 7 information needed to process the claim or any portions
 8 thereof when all of the listed documents or other
 9 information needed to process the claim have been received;
 10 the insurer has a maximum of 10 working days to process the
 11 claim and either pay it or deny it in whole or in part. The
 12 insurer must notify the insured and assignee of the reasons
 13 for denying any claim or any portion of a claim.

14 (2) Subject to proof of loss, all accrued benefits
 15 payable under a policy for loss of time must be paid not
 16 later than the expiration of each 30-day period during the
 17 continuance of the time for which the insurer is liable. Any
 18 balance remaining unpaid at the termination of such time
 19 must be paid immediately upon receipt of such proof.

20 (3) For failure to comply with the requirements of
 21 this section, an insurer must pay interest to the insured or
 22 subscriber at the rate of 18% a year on the benefits due
 23 under the terms of the policy.

24 THERE IS A NEW MCA SECTION THAT READS:

25 Section 2. Time for payment of claims. (1) If within

1 30 days after receipt of a proof of loss, the insurer has
 2 not paid the claim for benefits provided in the policy or
 3 contract or notified the insured or the insured's assignee
 4 of the reasons for failure to pay the claim in full and has
 5 not requested additional information or documents, the
 6 insured or the assignee may report the delay to the
 7 commissioner, who may then investigate to determine if the
 8 insurer has failed to pay the claim within 30 days of its
 9 receipt without good reason and, if so, whether such delay
 10 is a general course of business practice of the insurer.

11 (2) Upon the commissioner's determination that the
 12 delay is a general course of business practice and for a
 13 year thereafter unless earlier rescinded by the
 14 commissioner, all claims for benefits not paid by that
 15 insurer within 30 working days after receipt by the insurer,
 16 without good reason as determined by the commissioner, shall
 17 obligate the insurer to pay interest at 18% a year from the
 18 date the commissioner determines that the delay became
 19 unreasonable.

20 Section 3. Administrative penalty for failure to pay
 21 promptly. (1) The commissioner may, after a hearing, impose
 22 an administrative fine as set forth in subsection (2) on an
 23 insurer if he finds that the insurer as a general course of
 24 business practice in this state fails to:

25 (a) use due diligence in processing all claims;

(b) pay claims in a timely manner;

(c) provide proper notice when required with respect to the reasons for the insurer's failure to make claim payments when due; or

(d) pay, without just cause, proper claims arising under coverage provided by its policies, whether such claims are in favor of an insured, in favor of a third person with respect to the liability of an insured to such third person, or in favor of any other person entitled to the benefits of a policy.

(2) The administrative penalty imposed for violations of [this act] may not exceed \$1,000 for each separate violation.

(3) If an insurer can demonstrate that it has consistently paid 90% of the total amount outstanding in claims within 20 working days and all of the amount within 30 working days of receipt of claims during the 6-month period immediately preceding the hearing date, the insurer is not subject to the fine imposed under subsection (2).

~~THERE IS A NEW MCA SECTION THAT READS:~~

Section 4. Right of privacy guaranteed. Nothing in [this act] requires the commissioner to disclose information in violation of the Insurance Information and Privacy Protection Act.

~~THERE IS A NEW MCA SECTION THAT READS:~~

Section 5. Rulemaking authority. The commissioner shall make rules, under the Montana Administrative Procedure Act, necessary to implement [this act].

Section 6. Codification instruction. This act is intended to be codified as an integral part of Title 33, and the provisions of Title 33 apply to this act.

-End-

STATE OF MONTANA

REQUEST NO. 517-83

FISCAL NOTE

Form BD-15

In compliance with a written request received March 25, 19 83, there is hereby submitted a Fiscal Note for House Bill 638, Amended pursuant to Title 5, Chapter 4, Part 2 of the Montana Code Annotated (MCA). Background information used in developing this Fiscal Note is available from the Office of Budget and Program Planning, to members of the Legislature upon request.

DESCRIPTION OF PROPOSED LEGISLATION:

House Bill 638, amended, provides the Insurance Commissioner may impose an administrative penalty upon an insurer for failing to pay health or medical claims in a timely manner and may inquire into the cause of late payments.

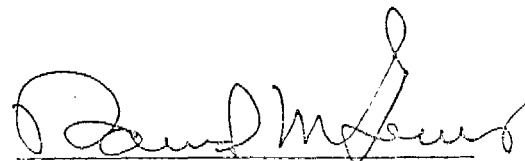
ASSUMPTIONS:

- 1) An additional FTE, personal benefits, space, and equipment would be required to investigate late payments and administer bill.
- 2) Hearings to establish rules to implement the bill would have to be held.

FISCAL IMPACT:

	<u>FY 84</u>	<u>FY 85</u>
Personal Services		
Under Current Law	\$ -0-	\$ -0-
Under Proposed Law	20,471	20,471
Increase	<u>\$ 20,471</u>	<u>\$ 20,471</u>
Operating Expenses		
Under Current Law	\$ -0-	\$ -0-
Under Proposed Law	1,876	1,376
Increase	<u>\$ 1,876</u>	<u>\$ 1,376</u>
Capital Outlay		
Under Current Law	\$ -0-	\$ -0-
Under Proposed Law	2,400	-0-
Increase	<u>\$ 2,400</u>	<u>\$ -0-</u>
Total Expenditures to General Fund	<u>\$24,747</u>	<u>\$21,847</u>

FISCAL NOTE 14:EE/2



BUDGET DIRECTOR

Office of Budget and Program Planning

Date: 3-26-83

1 STATEMENT OF INTENT

2 HOUSE BILL 638

3 House Business and Industry Committee

4

5 A statement of intent is required for [House Bill 638]

6 because it gives rulemaking power to the commissioner of

7 insurance. In section 5, the commissioner is authorized to

8 establish rules to determine if a health or medical insurer

9 is meeting his contractual obligation in a timely manner, to

10 provide for administrative penalties against insurers who

11 fail to fulfill those obligations, and to make the

12 determinations necessary for insured persons whose benefit

13 payments are unnecessarily delayed to be eligible to collect

14 interest on the late payments.

REFERENCE BILL

HOUSE BILL NO. 638

INTRODUCED BY HANSEN, WALDRON

A BILL FOR AN ACT ENTITLED: "AN ACT PROVIDING THAT THE INSURANCE COMMISSIONER MAY IMPOSE AN ADMINISTRATIVE PENALTY UPON AN INSURER FOR FAILING TO PROMPTLY PAY MEDICAL OR HEALTH CLAIMS IN A TIMELY MANNER; PROVIDING THAT ANY INSURER FAILING TO PAY A CLAIM WITHIN 20 WORKING DAYS AFTER RECEIPT OF PROOF OF LOSS SHALL NOTIFY THE INSURED AND ANY ASSIGNEE IN WRITING OF THE REASON FOR FAILING TO MAKE SUCH PAYMENT; PROVIDING FOR THE PROCESSING AND PAYMENT OF CLAIMS BY AN INSURER WITHIN 20 WORKING DAYS AND NO LONGER THAN 30 WORKING DAYS AFTER RECEIPT OF REQUIRED DOCUMENTS OR INFORMATION THE COMMISSIONER MAY INQUIRE INTO THE CAUSE OF CERTAIN LATE PAYMENTS; PROVIDING THAT INSURERS SHALL PAY THE INSURED INTEREST ON CERTAIN CLAIMS THAT ARE NOT PAID IN A TIMELY MANNER; DEFINING "PROOF OF LOSS" AND "INSURER"; AND ESTABLISHING THE USE OF A UNIFORM BILLING FORM."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Definitions. In [this act] the following definitions apply:

(1) "Insurer" means any insurer as that term is defined by this title, including any fraternal benefit society, hospital service nonprofit corporation, HEALTH

SERVICE CORPORATION, nonprofit medical service corporation, nonprofit health care corporation, health maintenance organization, self-insurer, or third-party administrator or any other public or private, profit or nonprofit, governmental or nongovernmental individual, group, or organization that sells or offers for sale insurance policies, subscriber contracts, certificates, or agreements by which the offerer promises to pay medical benefits in any form in this state.

(2) "Proof of loss" means any document accepted by an insurer upon which payment of benefits is made.

Section 2. Proof of loss forms and availability. Each insurer shall provide to Montana hospitals an ample supply of the insurer's standard proof of loss form for hospitalization and shall, effective January 1, 1985, adopt and implement the national uniform billing form or its replacement identified as the UB-82 form authorized by the federal office of management and budget and adopted by the federal health care financing administration of the United States department of health and human services.

Section 3. Time for payment of claims. All benefits payable by an insurer under a policy, other than benefits for loss of time, are payable immediately upon receipt of proof of loss if an insurer does not pay the benefits payable under its policy, other than benefits

1 payable-for-loss-of-time-upon-receipt-of-proof-of-loss-the
 2 insurer-has-a-maximum-of-20-working-days--after--receipt--of
 3 proof--of--loss--to--notify--the--insured--or--subscriber-and
 4 assignee-in-writing--stating-the-reasons-for-failing-to-pay
 5 the-claim-either-in-whole-or-in-part-The-notification-must
 6 include-a-written-itemization--of--any--documents--or--other
 7 information--needed--to--process--the--claim-or-any-portions
 8 thereof--when--all--of--the--listed--documents---or---other
 9 information--needed-to-process-the-claim-have-been-received
 10 the-insurer-has-a-maximum-of-10-working-days-to-process--the
 11 claim-and-either-pay-it-or-deny-it-in-whole-or-in-part-The
 12 insurer--must-notify-the-insured-and-assignee-of-the-reasons
 13 for-denying-any-claim-or-any-portion-of-a-claim

14 {2}--Subject-to-proof-of--loss--all--accrued--benefits
 15 payable--under--a--policy--for--loss-of--time--must--be--paid--not
 16 later--than--the--expiration--of--each--30--day--period--during--the
 17 continuance--of--the--time--for--which--the--insurer--is--liable--Any
 18 balance--remaining--unpaid--at--the--termination--of--such--time
 19 must--be--paid--immediately--upon--receipt--of--such--proof

20 {3}--For-failure-to-comply--with--the--requirements--of
 21 this-section-an-insurer-must-pay-interest-to-the-insured-or
 22 subscriber--at--the--rate--of--18%--a--year--on--the--benefits--due
 23 under-the-terms-of-the-policy

24 THERE IS A NEW MCA SECTION THAT READS:

25 Section 2. Time for payment of claims. (1) If within

1 30 days after receipt of a proof of loss, the insurer has
 2 not paid the claim for benefits provided in the policy or
 3 contract or notified the insured or the insured's assignee
 4 of the reasons for failure to pay the claim in full and has
 5 not requested additional information or documents, the
 6 insured or the assignee may report the delay to the
 7 commissioner, who may then investigate to determine if the
 8 insurer has failed to pay the claim within 30 days of its
 9 receipt without good reason and, if so, whether such delay
 10 is a general course of business practice of the insurer.

11 (2) Upon the commissioner's determination that the
 12 delay is a general course of business practice and for a
 13 year thereafter unless earlier rescinded by the
 14 commissioner, all claims for benefits not paid by that
 15 insurer within 30 working days after receipt by the insurer,
 16 without good reason as determined by the commissioner, shall
 17 obligate the insurer to pay interest at 18% a year from the
 18 date the commissioner determines that the delay became
 19 unreasonable.

20 Section 3. Administrative penalty for failure to pay
 21 promptly. (1) The commissioner may, after a hearing, impose
 22 an administrative fine as set forth in subsection (2) on an
 23 insurer if he finds that the insurer as a general course of
 24 business practice in this state fails to:

25 (a) use due diligence in processing all claims;

1 (b) pay claims in a timely manner;
 2 (c) provide proper notice when required with respect
 3 to the reasons for the insurer's failure to make claim
 4 payments when due; or

5 (d) pay, without just cause, proper claims arising
 6 under coverage provided by its policies, whether such claims
 7 are in favor of an insured, in favor of a third person with
 8 respect to the liability of an insured to such third person,
 9 or in favor of any other person entitled to the benefits of
 10 a policy.

11 (2) The administrative penalty imposed for violations
 12 of [this act] may not exceed \$1,000 for each separate
 13 violation.

14 (3) If an insurer can demonstrate that it has
 15 consistently paid 90% of the total amount outstanding in
 16 claims within 20 working days and all of the amount within
 17 30 working days of receipt of claims during the 6-month
 18 period immediately preceding the hearing date, the insurer
 19 is not subject to the fine imposed under subsection (2).

20 ~~THERE IS A NEW MCA SECTION THAT READS:~~

21 Section 4. Right of privacy guaranteed. Nothing in
 22 [this act] requires the commissioner to disclose information
 23 in violation of the Insurance Information and Privacy
 24 Protection Act.

25 ~~THERE IS A NEW MCA SECTION THAT READS:~~

1 Section 5. Rulemaking authority. The commissioner
 2 shall make rules, under the Montana Administrative Procedure
 3 Act, necessary to implement [this act].

4 Section 6. Codification instruction. This act is
 5 intended to be codified as an integral part of Title 33, and
 6 the provisions of Title 33 apply to this act.

-End-

STATUS SHEET

BUSINESS & INDUSTRY COMMITTEE

48 Legislature

Bill No.	Subject Matter	Date In	Sponsor	Hearing Date	Committee Action	Date Out
HB 595	TRANSFERRING THE DUTY TO EXAMINE ARTICLE OF INCORPOR. OF DOMESTIC INSURERS TO THE STATE COMMISSIONER OF INSUR.	2-5	Spaeth	2-11	DO PASS	2-12
HB 633	REQUIRE THE DEPT. OF COMMERCE TO ESTABLISH RENEWAL DATES FOR PROFESSIONAL LICENSES BY RULE	2-5	Donaldsen	2-11	DO PASS AMENDED	2-12
HB 638	PROVIDE THAT INSURANCE COMMISSIONER MAY IMPOSE PENALTY ON INSURER FOR FAILING TO PROMPTLY PAY CLAIMS	2-5	Hansen	2-11	Discussed 2-14 DO PASS AMENDED	2-16
HB 647	ALLOWING A PERSON WITH ENGINEERING TECHNOLOGY TO QUALIFY FOR CERTIFICATION AS ENGINEER-IN TRAINING	2-5	Nordtvedt	2-11	DO NOT PASS	2-12
HB 662	TO CLARIFY THE AUTHORITY OF IRRIGATION DISTRICTS TO ENGAGE IN ELECTRICAL POWER OPERATION	2-5	Schye	2-15	DO PASS	2-16

STANDING COMMITTEE REPORT

HOUSE BUSINESS & INDUSTRY COMMITTEE

Chairman, Rep. Jerry Metcalf, called the Business & Industry Committee to order on February 14, 1983, in Room 420 of the Capitol Building at 9:00 a.m. All members were present except Rep. Fagg who was excused.

EXECUTIVE SESSION:

HOUSE BILL 638

REP. HANSEN: If the insurance company has a problem with an insurance company they report to the insurance commissioner and they investigate and impose the penalties.

PAUL VERDON: This makes the bill apply only to insurance companies that are not paying promptly.

REP. KITSELMAN: There are many questions involved here. The 18% per year, when to start counting the 20 days, co-ordination of benefits, providing forms...

REP. HANSEN: If there is a hold up, the insurance company has to inform the hospital that there is a problem but they just can't let it go for 30 days without an explanation.

REP. METCALF: Do the companies usually provide the forms to the hospital? Rep. Kitseleman: Whoever requests them always gets them. The UB82 form may be convenient to the hospital but you will require every company to rewrite their soft ware.

REP. METCALF: If the UB82 form is adopted throughout the industry, wouldn't everyone be using it eventually? If we strike section 2 out of the bill it will happen anyway?

REP. KITSELMAN: I move that we strike section 2 and where it appears in the title.

REP. FABREGA: We amount to 1/2 of 1 percent of the nation and it is hard for us to mandate a requirement for the rest of the country.

QUESTION: The motion carried unanimously.

REP. HARPER: It seems section 3 deals with administrative penalties but they have an out with proof of loss.

REP. FABREGA: There are all those possible variations. The commissioner has the power to say he is placing a company on a one year reporting basis and if he doesn't pay within 20 days, he will have to pay the interest. He will investigate the complaints.

REP. METCALF: We will postpone the executive session until after the hearing today.

SENATE BILL 53

REP. FABREGA (presenting the bill in Sen. Galt's absence) opened by saying this is at the request of the Revenue Oversight Committee. The bill strikes from law the provision requiring that each package of liquor sold bear an official seal of the state.

PROPOSERS:

HOWARD HEFFELFINGER, Administrator - Liquor Division: T~

FEBRUARY 14, 1983

Page 5

Business & Industry Committee

REP. METCALF: If a bill payer calls up and wants to know he paid in the month of November, would you give that information over the phone? Mr. Phillips: If they had the account number.

EXECUTIVE SESSION:

SENATE BILL 53

REP. PAVLOVICH: I move DO PASS SB 53.

QUESTION: Motion carried unanimously.

SENATE BILL 75

REP. PAVLOVICH: I move DO PASS SB 75.

QUESTION: Motion carried unanimously.

SENATE BILL 151

REP. PAVLOVICH: I move DO PASS SB 151.

QUESTION: Motion carried unanimously.

HOUSE BILL 695

REP. FABREGA: I move we TABLE HB 695. It's a good idea but it needs work. Rep. Kadas: I think the table motion is good.

QUESTION: Motion carried unanimously.

HOUSE BILL 638 (re-opened)

REP. HANSEN: I move we adopt the amendments prepared by Paul Verdon.

QUESTION: Motion carried unanimously.

REP. KITSELMAN: I move we eliminate section 3, page 3 through line 5, page 4. I think this should be handled in a penalty clause. Rep. Fabrega: The commissioner right now has the right to levy a \$10,000-fine. I don't see anything wrong with making someone pay the 18% and be placed on probation because of always paying late. We have deleted Workmen's Compensation auto health. Rep. Kitselman: Now you are beginning to set certain groups out of the law. Sounds prejudicial. Did you address the coordination of benefits? They take longer.

Rep. Fabrega: The commissioner can judge if there's a good reason for always being late.

REP. HARPER: The guts of this bill is in section 4. The commissioner has to have a hearing for the violators. If the rulemaking authority isn't there, I don't see how it's going to work.

REP. FABREGA: I oppose the amendment.

QUESTION: The amendment motion failed.

REP. KITSELMAN: I move to amend the bill in section 3 to say we restrict the 18% to those hospitals that had to take it out of their savings to make up for late payment.

QUESTION: The motion failed.

REP. HANSEN: I move DO PASS HOUSE BILL 638 AS AMENDED.

REP. HARPER: You are falling into a hornet's nest. You should have a bill with a statement of intent setting rulemaking authority to the commissioner and then you would probably get some sympathy from the Senate. I can't see putting this bill into statute.

FEBRUARY 14, 1983

Page 6

Business & Industry Committee

REP. FABREGA: I would agree with Harper that the commissioner could adopt this kind of rule but remember that the people who come to rule making hearings are the people affected.

REP. HARPER: Nothing is going to happen until after the hearing so it's totally administrative.

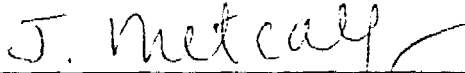
REP. KITSELMAN: I would support raising to \$50,000 or \$100,000 the fine to be imposed. It will get their attention more quickly than \$10,000.

REP. ELLISON: I make a substitute motion that HB 638 go back into subcommittee. The insurance commissioner has been good about protecting the people and I think we should give him the rulemaking authority.

QUESTION: Motion carried with Rep. Fabrega voting no.

Sub-Committee: Rep. Harper, Rep. Kitseleman and Rep. Hansen.

The hearing adjourned at 11:30 a.m.



REP. JERRY METCALF, CHAIRMAN



Linda Palmer, Secretary

COMMITTEE ON BUSINESS AND INDUSTRY

HOUSE BILL NO.	ENTERED COMM.	DATE CONSIDERED	OUT OF COMM.	DO PASS DATE	DO NOT PASS DATE	DO PASS AS AMEND. DATE	BE CON- CURRED IN DATE	BE CONC. IN AS AMENDED DATE	BE NOT CON- CURRED IN DATE
HB 638	3-1-83	3-10-83 3-16-83	3-16-83				3-16-83		
HB 655	3-1-83	3-15-83	3-15-83				3-15-83		
HB 670	3-1-83	3-14-83	3-14-83				3-14-83		
HB 685	3-2-83	3-10-83 3-21-83	3-21-83					3-21-83	
HB 696	3-2-83	3-14-83	3-14-83				3-14-83		
HB 700	3-19-83 3-21-83	3-21-83						3-21-83	
HB 701	3-2-83	3-14-83 3-19-83	3-19-83					3-19-83	
HB 710	3-1-83	3-15-83 3-19-83	3-19-83				3-19-83		
HB 814	3-1-83	3-23-83	3-23-83					3-23-83	
HB 818	3-2-83	3-19-83 3-24-83	3-24-83				3-24-83		
HB 853	3-1-83	3-18-83 3-19-83	3-19-83					3-19-83	
RETURNED HB 853	3-24-83	3-24-83	3-24-83					3-24-83	
HB 871	3-1-83	3-21-83 3-24-83	3-24-83					3-24-83	
HB 886	3-2-83	3-23-83	3-23-83					3-23-83	

Use a separate sheet for Senate, House Bills, and Resolutions.

MINUTES OF THE MEETING
BUSINESS AND INDUSTRY COMMITTEE
MONTANA STATE SENATE

March 10, 1983

The meeting of the Business and Industry Committee was called to order by Chairman Allen Kolstad on March 10, 1983, at 10:05 a.m., in Room 405, State Capitol.

ROLL CALL: All members of the committee were present.

CONSIDERATION OF HOUSE BILL 498: An act to allow credit unions, with prior approval of the Director of the Department of Commerce, to use regular reserves to meet losses from the sale of investments or securities.

Representative Ray Peck stated this is a bipartisan bill and very simple.

PROPOSERS TO HOUSE BILL 498: Jeffery Kirkland, Vice President, Montana Credit Union's League stated they support this bill. His written testimony is attached to the minutes.

There were no further proposers and no opponents.

The hearing was closed on House Bill 498.

ACTION ON HOUSE BILL 498: Senator Dover made the motion that House Bill 498 Be Concurred In. Senator Lee seconded the motion.

The Committee voted unanimously, by voice vote, that HOUSE BILL 498 BE CONCURRED IN.

Senator Dover will carry this bill on the floor.

CONSIDERATION OF HOUSE BILL 638: An act providing that the Insurance Commissioner may impose an administrative penalty upon an insurer for failing to pay medical or health claims in a timely manner; providing that the Commissioner may inquire into the cause of certain late payments; providing that insurers shall pay the insured interest on certain claims that are not paid in a timely manner; defining "proof of loss" and "insurer".

Representative Stella Jean Hansen stated this is a bill to allow the hospitals a vehicle for collecting a fee for late payments of insurance claims. She feels this is a tool that they really need. This will be allowed through the insurance commission. It provides for a 30-day limit and provisions for a hearing.

PROPOSERS TO HOUSE BILL 638: Chad Smith, Montana Hospital Association, stated you will notice by looking at the bill that it received a considerable amount of work in the House. The prompt collection of bills provides working capital. If you do not have this you need to borrow it. They want to maintain the lowest possible costs. This bill provides for: 1) collection of interest from the provider who is a perennial offender. If the claim is not paid promptly after all final claims have been supplied the hospital or health care provider can go to the insurance commissioner and ask for an investigation.
2) The insurance commissioner has the authority to impose an admin-

istrative penalty. They do run across a number of insurers who like to retain their working capital by not paying large claims. They support the passage of this bill so that they can get a handle on the situation.

Gary Blewett, Division of Worker's Compensation, stated as amended they support this bill. His written testimony is attached to the minutes. (Exhibit No. 2)

Bill Leary, President, Montana Hospital Association, stated in 1982 the 60 Montana hospitals charged off \$11 million in bad debts. It is our contention that if all the insurance companies would pay their portion they would not, when you charge off a portion to bad debts, usually have to increase the rates to take care of it. They do cover their employees with insurance policies such as Blue Shield. Hospitals, as employers, generally pay the employee a pretty good rate. They have had some complaints from the employees in the slowness of insurance processing. We feel House Bill 638 is an expression of the hospital but is concerned for all employees who pay a significant portion of the premium. It is a start of a timely payment system in Montana.

OPPONENTS TO HOUSE BILL 638: Norma Seiffert, Montana Insurance Department submitted written testimony. This testimony is attached to the minutes. (Exhibit No. 3)

There were no further proponents nor opponents.

QUESTIONS FROM THE COMMITTEE: Senator Christiaens asked are you able to charge interest on these bills that are not paid timely? Mr. Leary stated we cannot charge interest unless we have already had an agreed to note with the patient.

Senator Christiaens asked are you then following up and charging the patient interest for the full amount not covered by the insurance company? Mr. Leary stated no, not unless we have an agreed to note signed by the hospital and the patient.

Senator Gage asked on page 5, lines 11, 12, & 13, indicates the penalty imposed may not exceed \$1,000, is that for each separate claim that is not paid in a timely manner? Rep. Hansen stated yes, I think it is for each claim.

Senator Lee asked is that part of the rulemaking authority? Mr. Smith stated yes.

Senator Lee asked why are we giving the insurance commissioner authority to do all this work when we can be doing all the work here? Why are we granting this rulemaking authority? Rep. Hansen stated originally we gave this authority to the hospital. Going through the insurance commissioners was a compromise. If you were 180 days late for the claim they have to borrow money to pay that debt and pay interest charges.

In closing, Representative Hansen stated this is a good compromise

that was worked out with the various insurance companies. In the Business and Industry Committee in the House this went through three subcommittees and she hoped we would concur with the House vote.

The hearing was closed on House Bill 638.

CONSIDERATION OF HOUSE BILL 685: An act promoting the availability and investment of development capital in Montana through the creation of capital companies; providing tax credits for investment in the companies; providing oversight and auditing requirements; providing that offerings of the companies are exempt from securities registration; and providing an immediate effective date.

Representative Hal Harper stated you have all heard about the economic package coming from the House. This bill fits into that package with risk and equity capital. This bill is perhaps unique in that it does not provide any direct state financing it makes \$1 million in tax credits available when the business community invests and puts money into these capital companies. This bill was drafted by the subcommittee on risk and venture capital. The bill has been amended to have the credits be provided on a first-come first-serve basis. A maximum of \$375,000 per capital company is allowed. No general capital company is allowed. The language in the bill refers to the Department of Commerce.

PROPOSERS TO HOUSE BILL 685: Senator Fred Van Valkenburg went through the bill for the committee stating this \$1 million cap is included within the million dollar proposed budget submitted by Governor Schwinden. He went into the mechanics of the bill stating the program starts by a group of investors coming in and proposing the creation of a qualified Montana company. After given authority to seek investors they go out and must raise a minimum of \$200,000 before it can begin to take investments and those people can earn tax credits. The company must then make investments in certain kinds of businesses. The essence is in primary industry. They have also attempted to include the kind of retail businesses that have the affect of making primary jobs. The feeling in the economic community is similar to agriculture, mining, and other jobs that produce a multiplier effect. There are certain penalties for failure to meet investment requirements. The Department of Revenue can assess the taxes as if the tax credits had not been granted. This would come from the capital company. There is a restriction on investments. There are also certain recording requirements that the capital company must comply with. They must make quarterly reports and show how the investments are being made. This is to make sure there is no fraud. The tax credits themselves must be taken within four years. There is a provision for examination of capital companies. There is a procedure for decertification of the capital company. There is a prohibition of conflict of interest for the directors of the capital company to be involved in any of the investments that the capital company may make. There is rulemaking authority to the Department and there is a Statement of Intent to limit that rulemaking authority and finally there is a review by the Oversight Committee so that the Legislature remains involved in this.

Senator Tom Towe stated this bill is one of a package of four bills

ACTION ON HOUSE BILL 638: Senator Dover made the motion that House Bill 638 Be Concurred In. Senator Regan seconded the motion.

The committee voted unanimously, by voice vote, that HOUSE BILL 638 BE CONCURRED IN.

Senator Christiaens will carry this bill on the floor.

ADJOURN: There being no further business, the meeting was adjourned at 12:00 noon.



ALLEN C. KOLSTAD, CHAIRMAN

NAME: Gary Blewett DATE: 3/10/83

ADDRESS: Helena

PHONE: _____

REPRESENTING WHOM? Division of Workers' Compensation

APPEARING ON WHICH PROPOSAL: HB 638

DO YOU: SUPPORT? ☒ AMEND? _____ OPPOSE? _____

COMMENT: _____

As amended the bill should allow the Insurance Commission to make a finding of late payments with good ^{reason} ~~reasons~~ due to budget limitations. The Division currently pays later than the law sets as a standard. The appropriation subcommittee has ~~provided~~ recommended spending authority for an automated claims payment process that should let us meet this standard eventually - ~~that~~ ^{completion} in two years off however. So, in the meantime the Division would be out of compliance and ~~we~~ would need the "good reason" determination to avoid a penalty.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

H. B. 638

Testimony of Norma E. Seiffert, Chief Deputy
Montana Insurance Dept.
Senate B & I Committee

The bill in caption is well drafted in that it provides clear cut guidelines relative to the time limitation on payment of claims and what constitutes cause for penalty. It does not, however, make provision for other authority.

At the present time we have in Chapter 18, Title 33, the "Unfair Claim Practices " section which allows us to do essentially the same thing, when an investigation is requested by an insured.

We feel this bill will be utilized mainly by the providers of medical and hospitalization coverage and, if abused, could put the State of Montana in the position of acting as a collection agency for the providers.

We investigate the timely payment of claims when requested to do so by the insured. In fact we have a toll free telephone number into the department for this specific purpose. Any insured may contact us for information when he or she has a problem.

In spite of certain language contained in this bill it may still conflict with the privacy of the insureds if a provider has the prerogative of having the payment of their claim investigated.

If this legislation is enacted, it will generate an unpredictable amount of paper work and I feel we were more than conservative in our guestimate that one FTE could handle the additional responsibilities. You will note the criteria (or guidelines) are many. The fiscal note is essential to the responsibilities contained in this bill.

(This sheet to be used by those testifying on a bill.)

NAME: Norman E. Seiffert DATE: 3/10/83

ADDRESS: Montana Ins. Dept - 204 Mitchell

PHONE: 449-2996 Blk

REPRESENTING WHOM? Same as Address

APPEARING ON WHICH PROPOSAL: H.B. 638

DO YOU: SUPPORT? AMEND? OPPOSE?

COMMENT:

written testimony left with Committee

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

(This sheet to be used by those testifying on a bill.)

NAME: Arvin Cain DATE: 2/9/83

ADDRESS: Box 4309 Hele A

PHONE: 492-5450

REPRESENTING WHOM? MPS

APPEARING ON WHICH PROPOSAL: HB 638

DO YOU: SUPPORT? _____ AMEND? _____ OPPOSE? _____

COMMENT: _____

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

apprentice. As brought up, there are 113 nonunion programs that are signatory and do have these programs.

The hearing was closed on House Bill 451.

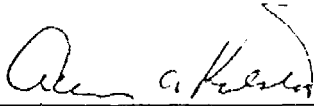
ACTION ON HOUSE BILL 638: Senator Dover made the motion that HOUSE Bill 638 Be Concurred In. Senator Christiaens seconded the motion.

The Committee voted unanimously, by voice vote, that HOUSE BILL 638 BE CONCURRED IN.

ACTION ON HOUSE JOINT RESOLUTION 14: Senator Dover made the motion that the proposed amendments be adopted. Senator Fuller seconded the motion. (Exhibit No. 12)

The Committee voted unanimously, by voice vote, that the proposed amendments to HOUSE JOINT RESOLUTION 14 BE ADOPTED.

ADJOURN: There being no further business, the meeting was adjourned at 11:35 a.m.



ALLEN C. KOLSTAD, CHAIRMAN

ROLL CALL

BUSINESS AND INDUSTRY COMMITTEE

48th LEGISLATIVE SESSION -- 1983

DATE 3-16-83

NAME	PRESENT	ABSENT	EXCUSED
PAUL F. BOYLAN	✓		
B. F. CHRIS CHRISTIAENS	✓		
HAROLD L. DOVER	✓		
DAVID FULLER	✓		
DELWYN GAGE	✓		
PAT M. GOODOVER	✓		
GARY P. LEE, VICE CHAIRMAN	✓		
PAT REGAN	✓		
PAT M. SEVERSON	✓		
ALLEN C. KOLSTAD, CHAIRMAN	✓		

STANDING COMMITTEE REPORT

March 16 19 83

PRESIDENT

MR.

BUSINESS AND INDUSTRY

We, your committee on

having had under consideration HOUSE 638
Bill No.

HANSEN (CHRISTIAENS)

Respectfully report as follows: That HOUSE 638
Bill No.

BE CONCURRED IN

~~XXXXXX~~
DO PASS